

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



6/23
@ 3pm
NCNS 1st Day

Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Armsted Desmaive Date: 6/16/22

Address: (Street Address) Rochester (Apt. /Unit #) _____

(City) 703 1st St SW (State) MN (ZIP Code) 55402

Phone: 314-556-7071 Email: 2deuce87@gmail.com

Social Security No. 0132 491-94- Date Available: ASAP.

Position Applied for: Production ~~AMP/MP~~ palletizer Desired Wage: 6.50

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S? Yes No

How did you hear about us? walk in Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree Completed
High School	<u>Oakville</u>			<u>Diploma</u>
College				
Bus. Or Trade School				
Professional School				

CORPORATE MANAGEMENT GROUP



Employment Application

Office Hours: Monday-Friday 9am-3pm
Office Number: 507-838-5994
Office Address: 1232 Valley High Dr NW Rochester, Mn 55901

Previous Employment

Company: Elite Staffing Phone: 618-876-3029
Address: 3701 Nameoki Rd Supervisor: Joe
Job Title: Lineman Starting Wage: \$ 15hr Ending Wage: \$ 15hr
Responsibilities: Safety rules
From: 2018 To: 2020 Reason for Leaving: move
May we contact your previous supervisor for reference? Yes No

Company: Raising Canes Chicken Phone: 636-527-0903
Address: 15698 Manchestec Rd Supervisor: Kristen
Job Title: Crew member Starting Wage: \$ 15hr Ending Wage: \$ 15hr
Responsibilities: cook prep
From: 2021 To: 2022 Reason for Leaving: move
May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature: _____ Date: _____

USA

Wayne Wallingford
Director of Revenue

MISSOURI

NOT FOR
REAL ID
PURPOSES

NONDRIVER IDENTIFICATION CARD



9 CLASS **ND** 4b EXP **05/20/2027**
 4d DL NO. **U137203007** 3 DOB **05/20/1987**
 1 **ARMSTEAD**
 2 **JERMAINE ANTOINE**
 8 **655 LEXINGTON PARK**
FLORISSANT, MO 63031
 9a END **NONE**
 12 RESTRICTIONS **NONE**
 15 SEX **M** 17 WGT **260 lb**
 16 HGT **5'-10"** 18 EYES **BRO**
 4a ISS **03/09/2022**



Wayne Wallingford

5 DD **221490680082**

05/20/87

MISSOURI

BIRTH CERTIFICATION

DATE FILED: JUNE 19, 1987

STATE FILE NUMBER: 124-87-203671

CHILD'S NAME

JERMAINE ANTOINE ARMSTEAD

DATE OF BIRTH:

MAY 20, 1987

COUNTY OF BIRTH:

ST LOUIS CITY

SEX:

MALE

MOTHER'S MAIDEN NAME:

YEVETTE S ARMSTEAD

MOTHER'S AGE:

19

MOTHER'S STATE OF BIRTH:

MISSOURI

FATHER'S NAME:

EDWARD I. JONES

FATHER'S AGE:

FATHER'S STATE OF BIRTH:

AMENDED - AUTH: CHAPTER 193 RSMO
FATHER'S INFORMATION AMENDED BY COURT ORDER

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES, ST LOUIS CITY
THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE
BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

JULY 9, 2020

Shirley A. Johnson
Missouri State Registrar

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION



You have applied / are interviewing for the following position:

JOB TITLE: Grinding Palletizer **Starting Wage:** \$15.50 **Shift/Hours:** 2nd shift (330pm 1130pm)

JOB OBJECTIVE: To ensure that packaged meat weighs within the amount specified according to company specifications, is sealed and stacked on a pallet according to specific pattern.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to read, write, speak and understand simple instructions and directions in the English language.
- Possess basic and accurate mathematic skills.
- Must not pose a direct threat to the health or safety of other individuals in the workplace.
- Must adhere to department dress code.

JOB FUNCTIONS: Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: Check production schedule to determine product to be packed, availability of necessary packing materials, shrink-wrap and pallets; Weigh all boxes as they come down the line making sure they are within weight limit; Keep up with speed of line; Tape and label; Palletize all labeled boxes according to pre-established pattern, shrink-wrap full pallets; Place pallets in freezer using hand or power jack; Change labels and tape on respective machines when necessary; Change boxes between production changes; Pack patties and assist in cleanup at shift end; Work effectively with others; Be dependable; follow safety rules; Care for property.

MACHINERY: Conveyor, forklift, metal detector, hand/power pallet jacks, tape machine, bar coder, computer, electronic scale.

EQUIPMENT: Hand pallet jack, wrenches, combo, table, knives, luggers, cart.

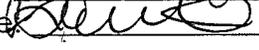
WORK ENVIRONMENT: Standing on cement floor. Moderate to high noise. Temperature range of 40-50 degrees Fahrenheit.

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling and lift to move boxes. Occasionally perform difficult manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift.

WORK HOURS: Eight-hour workweek, Monday through Friday. Will be required to work some Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature:  Date: 6/23/22
Interviewer Signature:  Date: 6/23/22



2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year or when your personal or financial situation changes.

Employee's First Name and Initial <u>Jermaine</u>	Last Name <u>Armstead</u>	Employee's Social Security Number <u>491-94-0132</u>
Permanent Address <u>703 1st SW</u>		Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Rochester</u>	State <u>MN</u>	ZIP Code <u>55902</u>

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent A _____
- B Enter "1" if any of the following apply: B _____
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C _____
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____
- E Enter "1" if you will use the filing status Head of Household (see instructions). E _____
- F Total number of allowances claimed. Add steps A through E.
If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C All of these apply:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D I am an American Indian that resides and works on a reservation
- E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

Minnesota Allowances and Additional Withholding

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet .. 1 _____
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature <u>Jermaine Armstead</u>	Date <u>6/23/22</u>	Daytime Phone Number
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Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Federal Employer ID Number (FEIN)	Minnesota Tax ID Number
Address	City	State ZIP Code

Pay Information

Name: Jermaine Armstead

Last 4 of SSN: 0132

Please mark what option you choose

Direct Deposit

Bank Name Cash APP Sutton Bank

Routing Number 041 215 663

Account Number 13 290 4718 5220

Circle One
 Checking Savings

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial JA

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number 041 215 663

Account Number 13 290 4718 5220

CMG Preliminary Questions

Name: Jermaine Armstrong

Date: 6/23/22

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift do you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes No

Explain
Incident Domestic

Employee Signature Jermaine Armstrong

Interviewer Signature [Signature]

Authorization to Enter New Hire Information

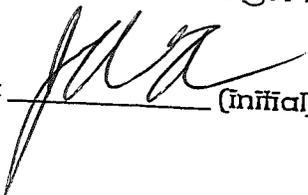
By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature:  Date: 6/23/22

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree:  (initial)

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree Jan (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree Jan (initial)

Employee Photo Consent Form

I, Jermaine A. Mstead agree to let CMG - Rochester office - to take and upload my photo for security purposes.

Employee Signature Name: Jermaine A. Mstead

Date: 6/23/22



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identify. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation: (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>Armstrong</i>		First Name (Given Name) <i>Jermaine</i>		Middle Initial <i>A</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>703 1st SW</i>			Apt. Number	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>05/20/1987</i>		U.S. Social Security Number <i>491-44-0172</i>		Employee's E-mail Address <i>2dewce87@gmail.com</i>		ZIP Code <i>55902</i>
						Employee's Telephone Number <i>(314) 556-7071</i>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write in This Space

Signature of Employee *Jermaine Armstrong* Today's Date (mm/dd/yyyy) *6/23/22*

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____ Today's Date (mm/dd/yyyy) *6/23/22*

Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)			City or Town
		State <i>MN</i>	ZIP Code <i>55902</i>

Employer Completes Next Page

ETHNICITY AND RACE IDENTIFICATION
(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)

Social Security Number

Birthdate (Month and Year)

Armstead A Jermaine

491-94-0132

05/20/1987

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input checked="" type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 ▶ Give Form W-4 to your employer.
 ▶ Your withholding is subject to review by the IRS.

2021

Step 1: Enter Personal Information	(a) First name and middle initial <i>Jermaine</i>	Last name <i>Armstead</i>	(b) Social security number <i>491-94-0132</i>
	Address <i>703 1st SW</i>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code <i>Rochester MN 55902</i>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ <i>Exempt</i>
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here *Jermaine Armstead*
 Employee's signature (This form is not valid unless you sign it.)

6/23/22
 Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Case Verification Number: 2022174202940DG

Report prepared: 06/23/2022

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Jermaine Armstead

Date of Birth: 05/20/1987

U.S. Social Security Number: ***-**-0132

Employee's First Day of Employment: 06/23/2022

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: *****3007

Expiration Date: 05/20/2027

State: Missouri

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cmg>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 3145567071

Login Password: Ja@0132

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: Jermale Arnsbea

Date: 6/23/22

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Yevette Amstead

Relationship: MOM

Phone Number: 314-390-7944

Contact # 2

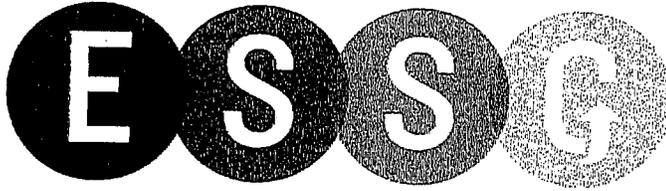
Name: Edward Jones

Relationship: Dad

Phone Number: 314-327-2086

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.



employer solutions staffing group, llc

PAYROLL DEDUCTION AUTHORIZATION

I, Jermaine Armstead (Employee) acknowledge that I owe Employer Solutions Staffing Group for the following:

- A payroll advance in the amount of \$ _____
 - this advance will be paid back over the next _____ check(s)
- Uniform Deduction in the amount of \$ _____
 - this uniform deduction is weekly
 - this uniform deduction is a one-time deduction
- Other one-time deduction for Key Card in the amount of \$ 10.50

I hereby authorize Employer Solutions Staffing Group to deduct the above amount from my paycheck(s) to repay this amount.

Upon termination of my employment, regardless of the reason, I hereby authorize any unpaid amounts to be deducted in full from my final paycheck.

Dated: 6/23/22
 Signed: Jermaine Armstead
 Printed Name: Jermaine Armstead